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Notice of Independent Review Decision

Date notice sent to all parties: 9/13/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Please address medical necessity of Left Knee Arthroscopy with Debridement (CPT 29877).

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Texas Licensed physician with Board Certification in Orthopedic Surgery.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X-Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Review includes:

1. IMO denial of services dated 8/10/12
2. IMO denial of services dated 8/22/12
3. Office notes from 1/24/12 through 8/27/12
4. DDE report of 7/17/112
5. Knee MRI 7/12/12
6. Operative report 4/19/12
7. Operative report 2/16/12
8. 1/27/12 knee MRI

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured at work. He underwent 2 arthroscopic

procedures in February and April 2012. Post-operative changes were noted on an MRI of 7/12/12 with no acute findings.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The decision for denial of repeat arthroscopy is upheld. The patient has no evidence of acute lesion that will respond to additional surgical intervention. The ODG guidelines for surgical intervention are not met. Physical exam findings and MRI findings do not support objective need for surgical intervention.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

**X-DWC- DIVISION OF WORKERS COMPENSATION POLICIES
OR GUIDELINES**

**X-MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X-ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**